ACT 299
Report to Steering Committee

- Title: Medicaid Enrollment

- Background: Past practices and resource limitations allowed for rapid growth of enrolled providers, often without effective assurance of capacity and effective screening to ensure quality.

- Goal: Identify and recommend revisions to the provider enrollment process that support sustainable, quality home and community based services.

- Strategy and Recommendations: Identify and make recommendations to both enhance enrollment requirements as a means to assure quality and, at the same time, make the enrollment process more streamlined to allow more efficient enrollment by qualified providers.

- Deliverables & Timelines:
  1. Determine if it is feasible to require providers to obtain a yearly independent financial audit from a certified public account. **July 1, 2012**
  2. Determine if a rule needs to be published for Medicaid provider enrollment.   **July 1, 2012**
  3. Add information to the provider enrollment application to capture information on general liability insurance, workers compensation insurance, etc. **March 1, 2012**
  4. Change to an electronic provider enrollment process. **December 31, 2012**
  5. Look at other states Medicaid enrollment process for home and community based service providers and compare to Louisiana. **December 1, 2011**
  6. Possible development of systems that interface with insurance carriers to assure that if coverage is dropped by the provider, Medicaid is notified. **December 31, 2012**